PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Α	Application or Docket Number 10/572,582			ing Date 13/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛			OR		HER THAN ALL ENTITY
FOR			NUI	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				N/A		N/A			N/A]	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))				N/A		N/A			N/A]	N/A	
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))				N/A		N/A			N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))				minus 20 =		•		П	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3 =		•			x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and dr sheets of paper, the appl is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an			plication entity) fraction	n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								П]		
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL]	TOTAL	
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SM												ER THAN ALL ENTITY	
AMENDMENT	10/07/2010	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 3		Minus	~ 20			П	x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))	• 1		Minus	 -3		=	П	x \$ =		OR	x s =	
M	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)													
L		CLAIM REMAINI AFTER AMENDM	ING R		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z.	Total (37 CFR 1,16(i))			Minus				П	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))	٠		Minus	***			П	x \$ =		OR	x s =	
Ш	Application Size Fee (37 CFR 1.16(s))							П]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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